Case: 3:22-cv-01208-JJH Doc #: 1-1 Filed: 07/11/22 1 of 3. Page 18/17/19/7

CIVIL RIGHTS COMMISSION EMPLOWENT CHARGE OF DISCRIMINATION

Charging Party:

TOL72(41309)01162022

22A-2022-01128C

OCRC Case Number:

Your Name (First and Last Name)

Employer Name

Carrie Beebe

Sunshine Inc. of Northwest Ohio

Your Street Address

Employer Street Address

1713 Parkway Dr. N

7223 Maumee/Western Road

Your City, State and Zip Code

Employer City, State and Zip Code

Maumee, Ohio 43537

Maumee, Ohio 43537

Your Telephone Number

Employer Telephone Number

(567) 377-4873

(419) 865-0251

Your Alternate Phone Number (Optional)

County where Employer is located (if in Ohio)

Lucas

Your Email Address

Total Number of Workers Employed

cbeebe39@gmail.com

1000

Date(s) of Discrimination (Must have occurred within TWO YEARS from the charge filing date)

April 22, 2021

I was discriminated against on the basis of:

✓ Race/Color

Sex

Pregnancy

Gender Stereotyping

Disability (DO NOT IDENTIFY)

Age (over the age of 40 ONLY)

National Origin/Ancestry

Military Status

Religion

Retaliation (for protesting discrimination)

Indicate how you are a member of the group marked above. (Example – If you marked race, identify your race. If you marked age, identify your age and birthdate.) DO NOT IDENTIFY YOUR DISABILITY OR MEDICAL CONDITION.

I am a Caucasian female individual. I was discriminated against due to my race.

Case: 3:22-cv-01208-JJH Doc #: 1-1 Filed: 07/11/22 2 of 3. PageID #: 7

OHIO CIVIL RIGHTS COMMISSION EMPLOYMENT CHARGE OF DISCRIMINATION

Charging Party:

TOL72(41309)01162022

22A-2022-01128C

OCRC Case Number:

Date of Hire:

Position:

September, 2013

Lead Nurse, ARC instructor and AHA BLS instructor

I was subjected to:

A denial of promotion

Denial of a reasonable accommodation

Harassment (including sexual harassment)

A forced resignation

Different terms and conditions of employment

Layoff/Denial of Recall

Demotion

✓ Discharge/Termination

Unequal Pay (based on sex

only)

Denial/Failure to hire

Discipline (Write-up, Suspension, etc)

Other

If you have marked other, please briefly describe the discriminatory act.

Please write a concise statement summarizing the act(s) of discrimination and why you believe it is discrimination. In your statement, include information as to who committed the act of discrimination (name and position), any reason given for the act of discrimination, when the acts occurred and names of others treated more favorably than you.

I was employed by Respondent most recently as Lead Nurse and BLS CPR Instructor. I started employment in September of 2013. I had previously been employed by Respondent from 2000-2005 and from 2006-2008. I am an LPN. I was at all times meeting and exceeding my employer's expectations. Shortly before my termination I suspected that neglect was going on in facilities and conducted three meetings with the nurse manager and house manager. An employee was written up by me for neglectful patient case who was then terminated. An African American employee accused me of being racially motivated in seeking termination of employees and reported it to management. I was summarily terminated without being given any explanation. Similarly situated African-American employees are more favorably treated. The Respondent is the rare employer that discriminated against the majority. All the individuals involved in my termination were African-American. In addition, pressure has been put on the CEO for a cultural change. Many employees with Respondent are persons of color.

received FEB 0 7 2222

OHIO CIVIL RIGHTS COMMISSION EMPLOYMENT CHARGE OF DISCRIMINATION

Charging Party:

TOL72(41309)01162022

OCRC Case Number:

22A-2022-01128C

Please Note:

Under division (A) of section 4112,052 of the Ohio Revised Code, you are prohibited from bringing a civil action under this chapter unless one of the following applies:

a) The conditions stated in division (B)(1) of section 4112.052 of the Ohio Revised Code are

b) An exception specified in division (B)(2) of section 4112.052 of the Ohio Revised Code applies.

Please initial to indicate you have read and agreed to the statements below:

I understand that I will not be able to sign this form on-line. A copy will be mailed to me for a notarized signature. An investigation WILL NOT begin until the Ohio Civil Rights Commission receives a SIGNED AND NOTARIZED CHARGE from me. INITIALS

> The following section is to be completed only in the presence of a notary or Ohio Civil Rights Commission Representative.

I declare under penalty of perjury that I have read the above charge and that it is true to the best of my knowledge, information and belief. I will advise the agency/agencies if I change my address or telephone number and that I will cooperate fully in the processing of my charge in accordance to their procedures.

Charging Party

Subscribed and Sworn to me on this

Ohio Civil Rights Commission Representative or Notary

Tracy M. Costello Notary Public, State of Ohlo My Commission Expins February 06, 2024

MESCELLIED.